California Department of Insurance 2011 Long Term Care (LTC) Rate Guide – Individual Policies Report

A Policy Comparison Form is a listing of the policy benefits and sample premiums for each company. This report provides a list of **Individual** LTC policies, by type (i.e. comprehensive, nursing home/residential only, or home care only) and for each company.

At the top of each Policy Comparison Form is the name of the company and the specific policy form number. Below the company's name and form number, a brief description of the policy is provided along with the specific benefits and features offered in each policy. On the bottom half of the Policy Comparison Form is a listing of sample premiums for various ages. You will notice that premiums in each column change depending upon whether the benefits will be paid out for three years or are lifetime benefits, and whether inflation protection is included or left out. Additional information on a company's premiums & benefits, can be found on the Additional Company Premium & Benefit Notes section of the LTC Consumer Rate Guide.

To view a specific company's **Individual** LTC policy, please choose the **company's bookmark** on the left hand side of the Adobe Acrobat (pdf) report or you can click on the **company's name**.

LTC INDIVIDUAL POLICIES								
COMPANY NAME	TYPE	FORM						
AMERICAN GENERAL LIFE INSURANCE COMPANY	COMPREHENSIVE	08000-CA						
BANKERS LIFE AND CASUALTY COMPANY	COMPREHENSIVE	GR-N350						
GENWORTH LIFE INSURANCE COMPANY	COMPREHENSIVE	7035AX-REV						
KNIGHTS OF COLUMBUS	COMPREHENSIVE	LTC01-CA 1-03(TQ)						
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY	COMPREHENSIVE	MM500-P-CA						
MEDAMERICA INSURANCE COMPANY	COMPREHENSIVE	SPL-336						
MUTUAL OF OMAHA INSURANCE COMPANY	COMPREHENSIVE	LTC04I (TQ-COMP)						
NEW YORK LIFE INSURANCE COMPANY	COMPREHENSIVE	ILTC-5000(CA)(1001)						
NORTHWESTERN LONG TERM CARE INSURANCE COMPANY	COMPREHENSIVE	RS.LTC.(0708)						
PHYSICIANS MUTUAL INSURANCE COMPANY	COMPREHENSIVE	P146EE						
PRUDENTIAL INSURANCE COMPANY OF AMERICA	COMPREHENSIVE	GRP 113146						
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY	COMPREHENSIVE	97058 CA.1						
TRANSAMERICA LIFE INSURANCE COMPANY	COMPREHENSIVE	TLC-1-FP (CA) 1001						
UNITED OF OMAHA LIFE INSURANCE COMPANY	COMPREHENSIVE	LTC06UI						
BANKERS LIFE AND CASUALTY COMPANY	COMPREHENSIVE	GR-N380						
KNIGHTS OF COLUMBUS	COMPREHENSIVE	LTC01-CA 1-03(NTQ)						
MUTUAL OF OMAHA INSURANCE COMPANY	COMPREHENSIVE	LTC04I (NTQ-COMP)						

LTC INDIVIDUAL POLICIES							
COMPANY NAME	TYPE	FORM					
PHYSICIANS MUTUAL INSURANCE COMPANY	COMPREHENSIVE	P145EE					
PHYSICIANS MUTUAL INSURANCE COMPANY	HOME CARE ONLY	80578P147EE					
	NURSING HOME AND RESIDENTIAL CARE						
BANKERS LIFE AND CASUALTY COMPANY	FACILITY	GR-N340					
MANOUTO OF COLUMBUIO	NURSING HOME AND RESIDENTIAL CARE	NUICO4 OA 4 00/TO)					
KNIGHTS OF COLUMBUS	FACILITY	NHC01-CA 1-03(TQ)					
	NURSING HOME AND RESIDENTIAL CARE						
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY	FACILITY	MM501-P-CA					
	NURSING HOME AND RESIDENTIAL CARE						
MEDAMERICA INSURANCE COMPANY	FACILITY	SPL-336-N					
NEW YORK LIFE INCLIDANCE COMPANY	NURSING HOME AND RESIDENTIAL CARE	INII I 5000(CA)(4004)					
NEW YORK LIFE INSURANCE COMPANY	FACILITY NURSING HOME AND	INH-5000(CA)(1001)					
	RESIDENTIAL CARE						
PHYSICIANS MUTUAL INSURANCE COMPANY	FACILITY	P148EE					
	NURSING HOME AND RESIDENTIAL CARE						
BANKERS LIFE AND CASUALTY COMPANY	FACILITY	GR-N370					
MANONITO OF COLUMNIC O	NURSING HOME AND RESIDENTIAL CARE	AUJOSA OA A SSANTO)					
KNIGHTS OF COLUMBUS	FACILITY	NHC01-CA 1-03(NTQ)					

AMERICAN GENERAL LIFE INSURANCE COMPANY

08000-CA

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum P	olicy Benefit I	Amounts		Elimination F	Periods	
■ 1 Yr.■ 5 Yrs.✓ See compa	2 Yrs.6 Yrs.ny's notes, pp 1	■ 3 Yrs. ■ 7 Yrs. 19-142	4 Yrs.Lifetime	□ 0 days□ 20 days☑ 30 days	■ 60 days✓ 90 days■ 100 days	TYPE ✓ Calendar Day ✓ Service Day
Nursing Hon	ne Daily Bene	efit Amounts		Inflation Pro	tection	
\$2000 minimum to \$12000 maximum per [day, week or month] offered in increments of \$1000. per day per week per month See notes, pp 119-142 Not Available			1	✓ 5% Comple		teed Purchase Option mpany's notes, pp 119-
	Benefit Amou		IDIE	Residential (Care Facility Dai	ly Benefit Amounts
Represents the percentage of the Nursing Home Daily Benefit Amount.			ome Daily	Represents the Benefit Amount		Nursing Home Daily
✓ 100% 70%See compa	90% 60% ny's notes, pp 1	■ 80% ■ 50% 19-142	75%	✓ 100% ☐ 70%	=	80%

Waiver of Premium

We will waive the payment of premium which becomes due when the coverage is in force and the insured is receiving benefits under the policy, except for benefits payable during the elimination period. Premiums are waived from the first day the insured receives benefits and we will refund or credit the pro-rata amount paid for periods after the premium waiver begins.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$662	\$1,550	\$576	\$1,348	Not Available	Not Available
55	\$794	\$1,777	\$690	\$1,546	Not Available	Not Available
60	\$1,021	\$2,114	\$888	\$1,838	Not Available	Not Available
65	\$1,480	\$2,723	\$1,287	\$2,368	Not Available	Not Available
70	\$2,439	\$4,000	\$2,121	\$3,478	Not Available	Not Available
75	\$4,361	\$6,454	\$3,792	\$5,612	Not Available	Not Available
80	\$7,552	\$10,497	\$6,567	\$9,128	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

BANKERS LIFE AND CASUALTY COMPANY

Maximum Daliay Danafit Ama

GR-N350

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum r	folicy benefit	Amounts		Elimination i	Perious	
✓ 1 Yr.✓ 5 Yrs.✓ See compa	✓ 2 Yrs.✓ 6 Yrs.Any's notes, pp 1	✓ 3 Yrs. ☐ 7 Yrs. 19-142	✓ 4 Yrs.✓ Lifetime	✓ 0 days✓ 20 days✓ 30 days		TYPE ☐ Calendar Day ✓ Service Day
Nursing Hor	me Daily Bene	efit Amounts	3	Inflation Pro	tection	
\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10. per day per week per month			✓ 5% Comp	e ✓ See co	d ☐ Guaranteed Purchase Option ☑ See company's notes, pp 119-	
See notes, p	p 119-142	■ Not Avail	able		142	
Home Care	Benefit Amo	unts		Residential	Care Facility Dai	ly Benefit Amounts
Represents the percentage of the Nursing Home Daily Benefit Amount.			Represents the Benefit Amoun		Nursing Home Daily	
✓ 100% 70%See compa	■ 90%■ 60%any's notes, pp 1	■ 80% ✓ 50% 19-142	75 %	✓ 100% ☐ 70%		80%

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any riders and spouse's premium if covered under the same policy.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$614	\$1,912	\$543	\$1,693	\$919	\$2,982
55	\$771	\$2,214	\$682	\$1,960	\$1,153	\$3,445
60	\$1,075	\$2,678	\$951	\$2,371	\$1,597	\$4,134
65	\$1,558	\$3,428	\$1,379	\$3,034	\$2,301	\$5,260
70	\$2,454	\$4,697	\$2,172	\$4,157	\$3,614	\$7,178
75	\$3,930	\$6,760	\$3,479	\$5,983	\$5,726	\$10,227
80	\$6,444	\$10,076	\$5,703	\$8,918	\$0	\$0

Refer to Rate History Section for information on premium increases for this company.

GENWORTH LIFE INSURANCE COMPANY

7035AX-REV

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods 2 Yrs. 1 Yr. 3 Yrs. 4 Yrs 0 days ■ 60 days TYPE Lifetime 20 days 5 Yrs. 6 Yrs 7 Yrs. Calendar Day ✓ See company's notes, pp 119-142 ✓ 30 days ■ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$1500 minimum to \$12000 maximum per [day, week or Guaranteed Purchase Option month] offered in increments of \$150. ✓ 5% Simple See company's notes, pp 119per day per week ✓ per month 142 See notes, pp 119-142 Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily

Represents the percentage of the Nursing Home Daily Benefit Amount.

✓ 100% 70%

90% **60%**

See company's notes, pp 119-142

80%

75%

50%

✓ 100%

Benefit Amount.

90%

75%

70%

80% ■ See company's notes, pp 119-142

Waiver of Premium

Explain here: Will waive premium payments that become due when benefits are payable under Nursing Homne, Residential Care, Home Care, Bed Reservation, and Hospice.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$792	\$1,767	\$697	\$1,544	\$1,227	\$2,771
55	\$875	\$1,921	\$770	\$1,679	\$1,342	\$2,923
60	\$1,139	\$2,323	\$1,003	\$2,031	\$1,845	\$3,875
65	\$1,681	\$3,111	\$1,479	\$2,720	\$2,663	\$5,173
70	\$2,705	\$4,380	\$2,381	\$3,829	\$4,380	\$7,022
75	\$4,836	\$7,313	\$4,255	\$6,391	\$7,733	\$11,398
80	\$0	\$0	\$0	\$0	\$0	\$0

Refer to Rate History Section for information on premium increases for this company.

KNIGHTS OF COLUMBUS

LTC01-CA 1-03(TQ)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

**Description Policy Population Policy Policy Population Policy Policy Population Policy Policy Population Policy P

Maximum Policy De	eneni Amounts		Elimination	Penous	
□ 1 Yr.□ 2 Yrs☑ 5 Yrs.□ 6 Yrs□ See company's note	s. Tyrs.	■ 4 Yrs.✓ Lifetime	□ 0 days□ 20 days☑ 30 days		TYPE ☐ Calendar Day ✓ Service Day
Nursing Home Daily	Benefit Amount	s	Inflation Pro	otection	
\$ minimum to \$ maximum per [day, week or month] offered in increments of \$.					nteed Purchase Option
per day per v	•	th	■ 5% Simple ■ See company's no 142		mpany's notes, pp 119-
See notes, pp 119-142	Not Avai	lable		142	
Home Care Benefi	t Amounts		Residential	Care Facility Dai	ily Benefit Amounts
Represents the percentage of the Nursing Home Daily Benefit Amount.			Represents the Benefit Amoun		Nursing Home Daily
✓ 100% ■ 90% ■ 60%		75 %	✓ 100%		80% 75%
See company's note			70%	v See company's	notes, pp 119-142
Waiver of Premium					

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$406	\$1,138	\$363	\$1,016	\$608	\$1,733
55	\$520	\$1,322	\$465	\$1,180	\$782	\$2,015
60	\$701	\$1,585	\$626	\$1,415	\$1,060	\$2,420
65	\$1,042	\$2,061	\$930	\$1,841	\$1,582	\$3,154
70	\$1,679	\$2,925	\$1,499	\$2,612	\$2,560	\$4,482
75	\$3,079	\$4,753	\$2,750	\$4,244	\$3,918	\$6,071
80	\$4,427	\$6,147	\$3,953	\$5,488	\$5,645	\$7,858

Refer to Rate History Section for information on premium increases for this company.

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPA

MM500-P-CA

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts	Elimination Periods
 1 Yr. 2 Yrs. 3 Yrs. 4 Yrs. 5 Yrs. 6 Yrs. 7 Yrs. Lifetime See company's notes, pp 119-142 	 □ 0 days □ 20 days ☑ 20 days ☑ 90 days ☑ Calendar Day ☑ 30 days ☑ 100 days ☑ Service Day
Nursing Home Daily Benefit Amounts	Inflation Protection
\$50 minimum to \$400 maximum per [day, week or month] offered in increments of \$10. ✓ per day per week per month ✓ See notes, pp 119-142 Not Available	 ✓ 5% Compound ✓ 5% Simple ✓ See company's notes, pp 119-142
Home Care Benefit Amounts	Residential Care Facility Daily Benefit Amounts
Represents the percentage of the Nursing Home Daily Benefit Amount.	Represents the percentage of the Nursing Home Daily Benefit Amount.
✓ 100% □ 90% □ 80% □ 75% □ 70% □ 60% □ 50% ✓ See company's notes, pp 119-142	✓ 100%

Waiver of Premium

Explain here:No premiums are due when Facility Services Benefit (FSB) are payable and as long as FSB remain payable, any unearned premium returned on a pro-rata- basis premium becomes due when FSB are no longer being paid.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

Day Elimination Period.			Day Elimination Period.		Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximui	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$507	\$1,295	\$423	\$1,079	\$813	\$2,075
55	\$556	\$1,354	\$464	\$1,128	\$892	\$2,169
60	\$767	\$1,706	\$639	\$1,422	\$1,229	\$2,735
65	\$1,121	\$1,706	\$934	\$1,859	\$1,796	\$3,574
70	\$1,836	\$3,209	\$1,530	\$2,674	\$2,942	\$5,142
75	\$3,169	\$4,995	\$2,641	\$4,162	\$5,079	\$8,004
80	\$4,502	\$4,995	\$3,752	\$5,646	\$7,215	\$10,858

Refer to Rate History Section for information on premium increases for this company.

MEDAMERICA INSURANCE COMPANY

SPL-336

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods			
■ 1 Yr.	✓ 2 Yrs.	3 Yrs.	4 Yrs.	■ 0 days	✓ 60 days	TYPE	
✓ 5 Yrs.	6 Yrs.	✓ 7 Yrs.	Lifetime	20 days	☑ 90 days	Calendar Day	
✓ See compa	ny's notes, pp 1	19-142		✓ 30 days	■ 100 days	■ Service Day	
Nursing Hon	ne Daily Bene	fit Amounts		Inflation Prot	ection		
\$2100 minimum to \$12000 maximum per [day, week or month] offered in increments of \$300.			ay, week or	✓ 5% Compound ☐ Guaranteed Purchase C			
per day per week per month			1		■ See comp	ee company's notes, pp 119-	
See notes, p	p 119-142	■ Not Availa	ble		142		
Home Care	Benefit Amou	unts		Residential Care Facility Daily Benefit Amounts			
Represents the percentage of the Nursing Home Daily Benefit Amount.			ome Daily	Represents the Benefit Amount.	percentage of the Nu	rsing Home Daily	
✓ 100%	90%	■ 80%	75%	✓ 100%	90% 809	%	
70%	60%	50%		□ 70%	■ See company's no	otes, pp 119-142	
See compa	ny's notes, pp 1	19-142					

Waiver of Premium

Explain here: Premiums are waived the day after the elimination period is met.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$633	\$2,314	\$550	\$2,013	\$1,000	\$4,075
55	\$863	\$2,703	\$750	\$2,350	\$1,375	\$4,713
60	\$1,236	\$3,249	\$1,075	\$2,825	\$1,925	\$5,613
65	\$1,840	\$4,039	\$1,600	\$3,513	\$2,863	\$6,963
70	\$2,717	\$5,060	\$2,363	\$4,400	\$4,188	\$8,663
75	\$4,758	\$7,489	\$4,138	\$6,513	\$7,388	\$12,938
80	\$6,799	\$9,315	\$5,913	\$8,100	\$0	\$0

Refer to Rate History Section for information on premium increases for this company.

MUTUAL OF OMAHA INSURANCE COMPANY

Maximum Daliay Danafit An

LTC04I (TQ-COMP)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum F	folicy beliefli	Amounts		Elimination F	Perious			
✓ 1 Yr. ✓ 5 Yrs. ☐ See compa	✓ 2 Yrs. ☐ 6 Yrs. any's notes, pp	✓ 3 Yrs. ☐ 7 Yrs. 119-142	✓ 4 Yrs.✓ Lifetime	✓ 0 days✓ 20 days✓ 30 days	✓ 60 days✓ 90 days✓ 100 days	TYPE ☐ Calendar Day ✓ Service Day		
Nursing Hor	lursing Home Daily Benefit Amounts				Inflation Protection			
\$100 minimum to \$400 maximum per [day, week or month] offered in increments of \$10. Per day per week per month				✓ 5% Compo	_	✓ See company's notes, pp 119-		
See notes, p	p 119-142	Not Avai	lable					
Home Care	Benefit Amo	ounts		Residential (Care Facility Dail	ly Benefit Amounts		
Represents the Benefit Amou	ne percentage ont.	of the Nursing	Home Daily	Represents the Benefit Amount		Nursing Home Daily		
✓ 100% 70%See compa	90% 60% any's notes, pp	■ 80% ✓ 50% 119-142	75%	✓ 100% ☐ 70%	_	80%		

Waiver of Premium

Explain here: Confined Care Premiums after the Elimination Period. Home Health Care premiums are waived after covered home services are received on a regular basis. (at least 8 days per month) beyond the Elimination Period.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$627	\$1,519	\$502	\$1,215	\$1,017	\$2,462
55	\$729	\$1,665	\$583	\$1,332	\$1,180	\$2,696
60	\$931	\$2,090	\$745	\$1,672	\$1,486	\$3,335
65	\$1,376	\$2,874	\$1,101	\$2,299	\$2,224	\$4,644
70	\$2,497	\$4,431	\$1,998	\$3,545	\$3,895	\$6,911
75	\$4,132	\$6,441	\$3,306	\$5,153	\$6,424	\$10,014
80	\$0	\$0	\$0	\$0	\$0	\$0

Refer to Rate History Section for information on premium increases for this company.

NEW YORK LIFE INSURANCE COMPANY

Maximum Daliay Danafit An

ILTC-5000(CA)(1001)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum	Policy belief	i Amounts		Elimination i	enous		
■ 1 Yr.✓ 5 Yrs.✓ See comp	✓ 2 Yrs. ☐ 6 Yrs. pany's notes, pp	✓ 3 Yrs. ✓ 7 Yrs. 119-142	✓ 4 Yrs.✓ Lifetime	□ 0 days✓ 20 days□ 30 days	■ 60 days✓ 90 days■ 100 days	TYPE ☐ Calendar Day ✓ Service Day	
Nursing Ho	ursing Home Daily Benefit Amounts			Inflation Protection			
\$50 minimum to \$400 maximum per [day, week or month] offered in increments of \$1.					nteed Purchase Option		
✓ per day □ per week □ per month				✓ See company's notes, pp 119-			
See notes,	pp 119-142	■ Not Avai	ilable		142		
Home Car	re Benefit Am	ounts		Residential (Care Facility Dai	ly Benefit Amounts	
Represents Benefit Amo	the percentage ount.	of the Nursing	Home Daily	Represents the Benefit Amoun		Nursing Home Daily	
✓ 100%	✓ 90%	✓ 80%	75%	✓ 100%	90%	80% 🗏 75%	
✓ 70%	✓ 60%	✓ 50%		70%	■ See company's	notes, pp 119-142	
■ See comp	pany's notes, pp	119-142					

Waiver of Premium

Explain here: Premiums will be waived beginning on the first day that benefits are payable after the Waiting Period has been satisfied. Premiums will continue to be waived until no benfits are payable for 30 consecutive days.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$493	\$1,581	\$338	\$1,083	\$589	\$1,955
55	\$740	\$2,083	\$507	\$1,427	\$873	\$2,550
60	\$1,020	\$2,521	\$698	\$1,727	\$1,188	\$3,052
65	\$1,509	\$3,235	\$1,033	\$2,215	\$1,734	\$3,870
70	\$2,303	\$4,303	\$1,578	\$2,947	\$2,616	\$5,113
75	\$3,985	\$6,489	\$2,730	\$4,444	\$4,517	\$7,697
80	\$0	\$0	\$0	\$0	\$0	\$0

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

NORTHWESTERN LONG TERM CARE INSURANCE CO

RS.LTC.(0708)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum	Policy Benefit	Amounts		Elimination	Perioas	
□ 1 Yr.□ 5 Yrs.□ See comp	■ 2 Yrs.✓ 6 Yrs.vany's notes, pp 1	✓ 3 Yrs. ☐ 7 Yrs. 19-142	■ 4 Yrs.✓ Lifetime	□ 0 days□ 20 days□ 30 days	☐ 60 days☐ 90 days☐ 100 days	TYPE ☐ Calendar Day ✓ Service Day
Nursing Ho	lursing Home Daily Benefit Amounts			Inflation Protection		
\$50 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.				✓ 5% Compound ✓ Guarante		nteed Purchase Option
✓ per day	per week	per mon	th	■ 5% Simpl		mpany's notes, pp 119-
See notes,	pp 119-142	■ Not Avai	lable		142	
Home Car	e Benefit Amo	unts		Residential	Care Facility Da	ily Benefit Amounts
Represents Benefit Amo	the percentage o	f the Nursing	Home Daily	Represents the Benefit Amoun		Nursing Home Daily
✓ 100%	90%	■ 80%	75%	✓ 100%	90%	80% 🗏 75%
70%	60%	✓ 50%		70%	■ See company's	s notes, pp 119-142
■ See comp	any's notes, pp 1	19-142				

Waiver of Premium

Massissassas Daliass D

Explain here: Premiums will be waived once the policyowner has met the need for long-term care outlined in the contract.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	42* Day Eliminat	ion Period.	84** Day Elim	nination Period.	84** Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$641	\$2,345	\$557	\$2,038	\$809	\$3,182
55	\$789	\$2,504	\$686	\$2,176	\$1,004	\$3,384
60	\$1,042	\$2,826	\$906	\$2,457	\$1,330	\$3,768
65	\$1,424	\$3,306	\$1,238	\$2,874	\$1,819	\$4,365
70	\$2,261	\$4,505	\$1,966	\$3,917	\$2,887	\$5,895
75	\$3,726	\$6,429	\$3,240	\$5,591	\$4,733	\$8,337
80	\$0	\$0	\$0	\$0	\$0	\$0

Refer to Rate History Section for information on premium increases for this company.

^{[*} Carrier does not offer a 30-day elimination period.]

^{[**} Carrier does not offer a 90-day elimination period.]

PHYSICIANS MUTUAL INSURANCE COMPANY

P146EE

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

iviaximum	Policy Benefit	t Amounts		Elimination	Periods		
✓ 1 Yr. ✓ 5 Yrs. ☐ See comp	✓ 2 Yrs. ☐ 6 Yrs. pany's notes, pp	■ 3 Yrs. ■ 7 Yrs. 119-142	■ 4 Yrs.■ Lifetime	✓ 0 days✓ 20 days✓ 30 days		TYPE ✓ Calendar Day ■ Service Day	
Nursing Ho	Iursing Home Daily Benefit Amounts			Inflation Pro	otection		
\$1500 minimum to \$12000 maximum per [day, week or month] offered in increments of \$100.				✓ 5% Comp		✓ Guaranteed Purchase Option	
per day	per day ☐ per week ☑ per month			✓ 5% Simpl		✓ See company's notes, pp 119- 142	
See notes,	pp 119-142	Not Avai	lable		172		
Home Car	e Benefit Am	ounts		Residential	Care Facility Da	aily Benefit Amounts	
Represents Benefit Amo	the percentage unt.	of the Nursing	Home Daily	Represents the Benefit Amour		e Nursing Home Daily	
✓ 100%	90%	■ 80%	75%	✓ 100%	90%	80% 75%	
70%	60%	✓ 50%		70%	See company	's notes, pp 119-142	
See comp	any's notes, pp	119-142					

Waiver of Premium

We waive premium 180 calendar days after eligible for benefits.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$619	\$1,839	\$529	\$1,572	Not Available	Not Available
55	\$784	\$2,156	\$670	\$1,842	Not Available	Not Available
60	\$1,048	\$2,663	\$896	\$2,276	Not Available	Not Available
65	\$1,498	\$3,386	\$1,280	\$2,894	Not Available	Not Available
70	\$2,402	\$4,853	\$2,053	\$4,148	Not Available	Not Available
75	\$4,178	\$7,311	\$3,577	\$6,249	Not Available	Not Available
80	\$0	\$0	\$0	\$0	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

PRUDENTIAL INSURANCE COMPANY OF AMERICA

GRP 113146

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods 2 Yrs. 1 Yr. 3 Yrs. 4 Yrs. 0 days ✓ 60 days TYPE 20 days 90 days Lifetime 5 Yrs. 6 Yrs 7 Yrs. ✓ Calendar Day ✓ See company's notes, pp 119-142 ✓ 30 days ■ 100 days Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$100 minimum to \$500 maximum per [day, week or Guaranteed Purchase Option month] offered in increments of \$10. ✓ 5% Simple ✓ See company's notes, pp 119-✓ per day per week per month 142 See notes, pp 119-142 Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% **✓** 75% **✓** 100% 90% **80% 75%** 70% **60% ✓** 50% **70%** ■ See company's notes, pp 119-142 ✓ See company's notes, pp 119-142

Waiver of Premium

Premiums are waived the day following the day elimination period is satisfied.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

Day Elimination Period.			Day Elimin	ation Period.	Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$763	\$1,645	\$581	\$1,316	Not Available	Not Available
55	\$916	\$1,953	\$733	\$1,562	Not Available	Not Available
60	\$1,156	\$2,318	\$925	\$1,854	Not Available	Not Available
65	\$1,695	\$3,088	\$1,356	\$2,471	Not Available	Not Available
70	\$2,834	\$4,647	\$2,267	\$3,718	Not Available	Not Available
75	\$5,023	\$7,513	\$4,019	\$6,010	Not Available	Not Available
80	\$0	\$0	\$0	\$0	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

STATE FARM MUTUAL AUTOMOBILE INSURANCE COM

97058 CA.1

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. 1 Yr. ✓ 3 Yrs. 4 Yrs 0 days ■ 60 days TYPE Lifetime 20 days ✓ 5 Yrs. 6 Yrs 7 Yrs. Calendar Day ✓ See company's notes, pp 119-142 ✓ 30 days ■ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$75 minimum to \$400 maximum per [day, week or month] Guaranteed Purchase Option offered in increments of \$25. ✓ 5% Simple See company's notes, pp 119-✓ per day per week per month 142 See notes, pp 119-142 Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% **80% 75% ✓** 100% 90% **80% 75%** 70% **60% 50% 70%** ■ See company's notes, pp 119-142

Waiver of Premium

See company's notes, pp 119-142

Premiums are waived after 90 days of Qualified LTC Services. The days do not have to be consecutive but they can not be separated by more than 15 consecutive days.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

Day Elimination Period.			Day Elimir	ation Period.	Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$445	\$1,102	\$414	\$1,019	Not Available	Not Available
55	\$579	\$1,298	\$525	\$1,197	Not Available	Not Available
60	\$818	\$1,630	\$739	\$1,498	Not Available	Not Available
65	\$1,169	\$2,125	\$1,053	\$1,933	Not Available	Not Available
70	\$2,083	\$3,306	\$1,869	\$2,991	Not Available	Not Available
75	\$3,433	\$5,118	\$3,041	\$4,573	Not Available	Not Available
80	\$0	\$0	\$0	\$0	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

TRANSAMERICA LIFE INSURANCE COMPANY

TLC-1-FP (CA) 1001

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit A	Amounts		Elimination F	Perioas		
 1 Yr. ✓ 2 Yrs. ✓ 5 Yrs. ✓ 6 Yrs. See company's notes, pp 1 	✓ 3 Yrs. ☐ 7 Yrs. 19-142	✓ 4 Yrs.✓ Lifetime	✓ 0 days✓ 20 days✓ 30 days	✓ 60 days✓ 90 days✓ 100 days	TYPE ☐ Calendar Day ✓ Service Day	
Nursing Home Daily Bene	efit Amounts		Inflation Pro	tection		
\$50 minimum to \$400 maximu offered in increments of \$10. ✓ per day per week	-	✓ 5% Compo	_			
✓ per day				142		
Home Care Benefit Amor	unts		Residential Care Facility Daily Benefit Amounts			
Represents the percentage of the Nursing Home Daily Benefit Amount.			Represents the Benefit Amount	percentage of the N	Nursing Home Daily	
✓ 100% □ 90% □ 70% □ 60% □ See company's notes, pp 1	■ 80% ■ 50% 19-142	75 %	✓ 100% ☐ 70%		80%	

Waiver of Premium

Marrian Dallar D

Explain here: Automatically applies when qualifications are met. Will not apply when insured is receiving the Alternative Payment Benefit.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$589	\$1,685	\$484	\$1,384	\$1,008	\$2,883
55	\$749	\$1,994	\$615	\$1,637	\$1,169	\$3,115
60	\$928	\$2,233	\$762	\$1,834	\$1,583	\$3,809
65	\$1,307	\$2,744	\$1,074	\$2,254	\$2,375	\$4,985
70	\$2,046	\$3,687	\$1,680	\$3,028	\$3,760	\$6,776
75	\$3,443	\$5,352	\$2,828	\$4,396	\$6,837	\$10,627
80	\$0	\$0	\$0	\$0	\$0	\$0

Refer to Rate History Section for information on premium increases for this company.

UNITED OF OMAHA LIFE INSURANCE COMPANY

Maximum Daliay Danafit Amay

LTC06UI

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

waxiiiiuiii i	Policy beliefli	Amounts		Elimination Periods			
■ 1 Yr.✓ 5 Yrs.✓ See compa	✓ 2 Yrs. ✓ 6 Yrs. any's notes, pp	✓ 3 Yrs. ☐ 7 Yrs. 119-142	✓ 4 Yrs.✓ Lifetime	✓ 0 days✓ 20 days✓ 30 days		TYPE ☐ Calendar Day ✓ Service Day	
Nursing Ho	me Daily Ben	efit Amount	S	Inflation Pro	tection		
	m to \$400 maxied in increments per week		th	 ✓ 5% Compound ✓ Guaranteed Purchas ✓ See company's note 142 		•	
Home Care	e Benefit Amo	ounts		Residential (Care Facility Dai	ily Benefit Amounts	
Represents t Benefit Amou	he percentage ount.	of the Nursing	Home Daily	Represents the Benefit Amoun		Nursing Home Daily	
✓ 100% 70%See compa	90% 60% any's notes, pp	■ 80% ■ 50% 119-142	75 %	✓ 100% ☐ 70%		80%	

Waiver of Premium

Explain here: Confined care premium are waived after the elimenation period. Home Care premiums are waived after covered home services are received on a regular basis (at least 8 days per month) beyond the elimenation period.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$622	\$1,507	\$498	\$1,206	\$1,040	\$2,517
55	\$724	\$1,653	\$579	\$1,322	\$1,207	\$2,757
60	\$924	\$2,074	\$739	\$1,659	\$1,519	\$3,410
65	\$1,366	\$2,852	\$1,093	\$2,282	\$2,273	\$4,748
70	\$2,479	\$4,398	\$1,983	\$3,519	\$3,982	\$7,066
75	\$4,102	\$6,394	\$3,281	\$5,115	\$6,568	\$10,238
80	\$0	\$0	\$0	\$0	\$0	\$0

Refer to Rate History Section for information on premium increases for this company.

BANKERS LIFE AND CASUALTY COMPANY

GR-N380

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum P	olicy Benefit A	Amounts		Elimination P	eriods	
✓ 1 Yr.✓ 5 Yrs.✓ See compa	✓ 2 Yrs. ✓ 6 Yrs. ny's notes, pp 1′	☑ 3 Yrs. □ 7 Yrs. 19-142	✓ 4 Yrs. ✓ Lifetime	✓ 0 days✓ 20 days✓ 30 days		TYPE ☐ Calendar Day ✓ Service Day
Nursing Home Daily Benefit Amounts				Inflation Prot	ection	
\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10. I per day per week per month See notes, pp 119-142 Not Available			·	✓ 5% Compo		ed Purchase Option pany's notes, pp 119-
Home Care	Benefit Amou	ınts		Residential C	Care Facility Daily	Benefit Amounts
Represents th Benefit Amour	e percentage of nt.	the Nursing Ho	ome Daily	Represents the percentage of the Nursing Home Daily Benefit Amount.		
✓ 100% 70%See compa	90% 60% ny's notes, pp 1	■ 80% ☑ 50% 19-142	75 %	✓ 100% □ 70%	90% 80	

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any riders and spouse's premium if covered under the same policy.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$650	\$2,027	\$576	\$1,794	\$974	\$3,161
55	\$817	\$2,347	\$723	\$2,077	\$1,222	\$3,652
60	\$1,139	\$2,839	\$1,008	\$2,513	\$1,693	\$4,382
65	\$1,652	\$3,633	\$1,462	\$3,216	\$2,439	\$5,576
70	\$2,601	\$4,979	\$2,302	\$4,406	\$3,831	\$7,609
75	\$4,166	\$7,166	\$3,687	\$6,342	\$6,069	\$10,840
80	\$6,831	\$10,681	\$6,045	\$9,453	\$0	\$0

Refer to Rate History Section for information on premium increases for this company.

KNIGHTS OF COLUMBUS

LTC01-CA 1-03(NTQ)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum F	laximum Policy Benefit Amounts			Elimination Periods			
■ 1 Yr.✓ 5 Yrs.■ See compa	2 Yrs.6 Yrs.any's notes, pp 1	✓ 3 Yrs. ☐ 7 Yrs. 19-142	■ 4 Yrs. ✓ Lifetime	□ 0 days□ 20 days☑ 30 days	✓ 90	0 days 0 days 00 days	TYPE ☐ Calendar Day ✓ Service Day
Nursing Hor	ne Daily Bene	efit Amounts		Inflation Pro	tection		
\$ minimum to \$ maximum per [day, week or month] offered in increments of \$.				✓ 5% Compound ✓ Guarantee		✓ Guarantee	d Purchase Option
per day	per week	per month	1	■ 5% Simple	Э	·	any's notes, pp 119-
See notes, p	p 119-142	■ Not Availa	ble			142	
Home Care	Benefit Amo	unts		Residential (Care F	acility Daily I	Benefit Amounts
Represents the Benefit Amou	ne percentage of nt.	the Nursing H	ome Daily	Represents the percentage of the Nursing Home Daily Benefit Amount.			
✓ 100% 70%See compa	□ 90%□ 60%any's notes, pp 1	■ 80% ■ 50% 19-142	75%	✓ 100% ☐ 70%	■ 90% ✓ See		%
Waiver of P	remium						

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$406	\$1,138	\$363	\$1,016	\$608	\$1,733
55	\$520	\$1,322	\$465	\$1,180	\$782	\$2,015
60	\$701	\$1,585	\$626	\$1,415	\$1,060	\$2,420
65	\$1,042	\$2,061	\$930	\$1,841	\$1,582	\$3,154
70	\$1,679	\$2,925	\$1,499	\$2,612	\$2,560	\$4,482
75	\$3,079	\$4,753	\$2,750	\$4,244	\$3,918	\$6,071
80	\$4,427	\$6,147	\$3,953	\$5,488	\$5,645	\$7,858

Refer to Rate History Section for information on premium increases for this company.

MUTUAL OF OMAHA INSURANCE COMPANY

Maximum Daliay Danafit Ama

LTC04I (NTQ-COMP)

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

waxiiiiuiii r	Policy beliefli	Amounts		Elimination F	enous		
✓ 1 Yr. ✓ 5 Yrs. ☐ See compa	✓ 2 Yrs. ☐ 6 Yrs. any's notes, pp	✓ 3 Yrs. ☐ 7 Yrs. 119-142	✓ 4 Yrs.✓ Lifetime	✓ 0 days✓ 20 days✓ 30 days		TYPE ☐ Calendar Day ✓ Service Day	
Nursing Ho	Nursing Home Daily Benefit Amounts			Inflation Protection			
\$100 minimum to \$400 maximum per [day, week or month] offered in increments of \$10. per day per week per month				✓ 5% Comp	e ✓ See co	nteed Purchase Option mpany's notes, pp 119-	
See notes, p	op 119-142	Not Avai	lable		142		
Home Care	e Benefit Amo	ounts		Residential (Care Facility Dai	ly Benefit Amounts	
Represents t Benefit Amou	he percentage c unt.	of the Nursing	Home Daily	Represents the percentage of the Nursing Home Daily Benefit Amount.			
✓ 100% 70%See compa	90% 60% any's notes, pp	■ 80% ✓ 50% 119-142	75 %	✓ 100% ☐ 70%		80%	
See compa	any's notes, pp	119-142					

Waiver of Premium

Explain here: Confined Care Premiums after the Elimination Period. Home Health Care premiums are waived after covered home services are received on a regular basis. (at least 8 days per month) beyond the Elimination Period.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	nation Period.	90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$721	\$1,747	\$577	\$1,397	\$1,169	\$2,832
55	\$838	\$1,915	\$671	\$1,532	\$1,357	\$3,101
60	\$1,070	\$2,403	\$856	\$1,922	\$1,708	\$3,836
65	\$1,583	\$3,305	\$1,266	\$2,644	\$2,557	\$5,340
70	\$2,872	\$5,096	\$2,297	\$4,077	\$4,479	\$7,948
75	\$4,752	\$7,407	\$3,802	\$5,926	\$7,388	\$11,516
80	\$0	\$0	\$0	\$0	\$0	\$0

Refer to Rate History Section for information on premium increases for this company.

PHYSICIANS MUTUAL INSURANCE COMPANY

P145EE

75%

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. ✓ 0 days ✓ 60 days TYPE 20 days ✓ 5 Yrs. 6 Yrs 7 Yrs. Lifetime ✓ Calendar Day See company's notes, pp 119-142 ✓ 30 days ■ 100 days Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$1500 minimum to \$12000 maximum per [day, week or Guaranteed Purchase Option month] offered in increments of \$100. ✓ 5% Simple ✓ See company's notes, pp 119per day per week ✓ per month 142 See notes, pp 119-142 Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount.

Waiver of Premium

90%

60%

See company's notes, pp 119-142

✓ 100%

70%

We waive premium 180 calendar days after eligible for benefits.

80%

✓ 50%

75%

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

✓ 100%

70%

90%

80%

■ See company's notes, pp 119-142

	30 Day Eliminat	ion Period.	90 Day Elimination Period.		90 Day Elimination Period.	
3 Ye	ear Maximum F	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$694	\$2,061	\$593	\$1,761	Not Available	Not Available
55	\$879	\$2,417	\$752	\$2,066	Not Available	Not Available
60	\$1,175	\$2,983	\$1,004	\$2,550	Not Available	Not Available
65	\$1,681	\$3,798	\$1,436	\$3,246	Not Available	Not Available
70	\$2,693	\$5,439	\$2,301	\$4,649	Not Available	Not Available
75	\$4,679	\$8,188	\$3,999	\$6,999	Not Available	Not Available
80	\$0	\$0	\$0	\$0	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

BANKERS LIFE AND CASUALTY COMPANY

GR-N340

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum P	Maximum Policy Benefit Amounts				Elimination Periods			
✓ 1 Yr. ✓ 5 Yrs. ✓ Important C 2910 days is equi	✓ 2 Yrs. ✓ 6 Yrs. ompany Notes:	✓ 3 Yrs. ☐ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days	✓ 60 days✓ 90 days✓ 100 days	TYPE ☐ Calendar Day ✓ Service Day		
2010 dayo 10 oqui	valorii to o youro.			Inflation Pro	tection			
				✓ 5% Compound ☐ Guaranteed Purchase Option ✓ 5% Simple ✓ Important Company Notes				
Nursing Hon	ne Daily Bene	fit Amounts			3% and 4% compound in			
\$40 minimum to \$300 maximum per [day, week or month] offered in increments of \$10. per day per week per month			-	Maximum Daily Benefit amount and the Maximum Benefit amount per claim episode are increased each policy anniversary by the selected inflation option without regard to claims paid. Premiums remain level.				
■ Not Availab	le							
■ Important C	ompany Notes:			Residential	Care Facility Dai	ly Benefit Amounts		
, ,				Represents the Benefit Amount 100%	· _	Nursing Home Daily 80%		

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any riders and spouse's premium if covered under the same policy.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	oolicy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$449	\$1,523	\$403	\$1,367	\$630	\$2,245
55	\$581	\$1,789	\$521	\$1,606	\$817	\$2,635
60	\$834	\$2,192	\$749	\$1,967	\$1,171	\$3,228
65	\$1,246	\$2,855	\$1,119	\$2,563	\$1,756	\$4,201
70	\$2,043	\$4,003	\$1,834	\$3,593	\$2,878	\$5,894
75	\$3,395	\$5,906	\$3,048	\$5,302	\$4,777	\$8,660
80	\$5,729	\$8,979	\$5,143	\$8,060	\$0	\$0

Refer to Rate History Section for information on premium increases for this company.

KNIGHTS OF COLUMBUS

NHC01-CA 1-03(TQ)

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum	i Policy Benefi	t Amounts		Elimination	Periods	
■ 1 Yr.✓ 5 Yrs.■ Importan	 2 Yrs. 6 Yrs.t Company Notes	✓ 3 Yrs. ☐ 7 Yrs. s:	■ 4 Yrs.✓ Lifetime	□ 0 days□ 20 days☑ 30 days		TYPE ☐ Calendar Day ✓ Service Day
				Inflation Pr	otection	
Nursing H	ome Daily Bei	nefit Amount	s	✓ 5% Compo		nteed Purchase Option ant Company Notes
\$50 minimu	um to \$400 maxir ncrements of \$10 per week	mum per [day, \).	week or month]			
	t Company Notes	e·		Residential	Care Facility D	aily Benefit Amounts
•	to \$400 maximum pe		nth] with a \$10	Represents the Benefit Amount 100%	nt .	ne Nursing Home Daily 80% 75%
				Adult Day Care	•	inpany Notes

Waiver of Premium

Once elemination period is served. One time life time.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	3 year maximum policy benefit		3 year maximum policy benefit		Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$264	\$710	\$236	\$634	\$316	\$865
55	\$338	\$825	\$302	\$736	\$407	\$1,006
60	\$456	\$989	\$407	\$883	\$657	\$1,441
65	\$729	\$1,385	\$651	\$1,237	\$1,139	\$2,180
70	\$1,175	\$1,966	\$1,049	\$1,755	\$1,792	\$3,012
75	\$2,063	\$3,057	\$1,842	\$2,730	\$2,743	\$4,079
80	\$3,099	\$4,130	\$2,767	\$3,688	\$4,234	\$5,657

Refer to Rate History Section for information on premium increases for this company.

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

Maximum Daliay Danafit Amayınt

MM501-P-CA

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Po	iicy beneni <i>F</i>	Amounts		Elimination F	enous	
	✓ 2 Yrs. ✓ 6 Yrs. mpany Notes:	✓ 3 Yrs. ☐ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	■ 0 days■ 20 days☑ 30 days	✓ 60 days✓ 90 days✓ 100 days	TYPE ☐ Calendar Day ✓ Service Day
rvotos. To Todro				Inflation Pro	tection	
Nursing Home \$50 minimum to offered in increr per day Not Available	5 \$400 maximu ments of \$10. per week		-	amount annually b policy, with a propo amount, even while Protection increase	Important ation Protection increases y 5% of the original daily ortional increase in the ree they are receiving benees the insured's daily benound basis for the life of	
Important Co	mpany Notes:			Residential (Care Facility Dail	ly Benefit Amounts
— _Г				Represents the Benefit Amount 100% 70%	· _	Nursing Home Daily 80%

Waiver of Premium

Explain here: No premiums are due when Facility Services Benefit (FSB) are payable and as long as FSB remain payable, any unearned premium returned on a pro-rata- basis premium becomes due when FSB are no longer being paid.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	oolicy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$431	\$1,101	\$359	\$917	\$691	\$1,764
55	\$473	\$1,151	\$394	\$959	\$758	\$1,845
60	\$652	\$1,450	\$543	\$1,209	\$1,045	\$2,324
65	\$953	\$1,896	\$794	\$1,580	\$1,527	\$3,038
70	\$1,560	\$2,728	\$1,300	\$2,273	\$2,501	\$4,371
75	\$2,694	\$4,246	\$2,245	\$3,538	\$4,317	\$6,804
80	\$3,827	\$5,759	\$3,189	\$4,799	\$6,133	\$9,230

Refer to Rate History Section for information on premium increases for this company.

MEDAMERICA INSURANCE COMPANY

SPL-336-N

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts	Elimination Periods
 1 Yr. ✓ 2 Yrs. ✓ 3 Yrs. ✓ 4 Yrs. ✓ 5 Yrs. ✓ 6 Yrs. ✓ 7 Yrs. ✓ Lifetime ✓ Important Company Notes: Notes: 7 yr and lifetime not available above age 79; 2yr, 3yr, 4yr, 5yr, 	□ 0 days
7yr, lifetime available - cannot check boxes	Inflation Protection
Nursing Home Daily Benefit Amounts	✓ 5% Compound ✓ Guaranteed Purchase Option 5% Simple Important Company Notes Notes: Also 5% componud 2x
5	Notes. Also 5% componud 2X
\$2100 minimum to \$12000 maximum per [day, week or month] offered in increments of \$300. ☐ per day ☐ per week ✔ per month	
Not Available	
■ Important Company Notes:	Residential Care Facility Daily Benefit Amounts
—	Represents the percentage of the Nursing Home Daily Benefit Amount. 80% 75% 100% 90% Important Company Notes

Waiver of Premium

Explain here: Premiums are waived the day after the elimination period is met.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	policy benefit	3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$348	\$1,273	\$303	\$1,107	\$550	\$2,241
55	\$474	\$1,486	\$413	\$1,293	\$756	\$2,592
60	\$705	\$1,852	\$613	\$1,610	\$1,097	\$3,199
65	\$1,049	\$2,302	\$912	\$2,002	\$1,632	\$3,969
70	\$1,630	\$3,036	\$1,418	\$2,640	\$2,513	\$5,198
75	\$2,855	\$4,494	\$2,483	\$3,908	\$4,433	\$7,763
80	\$4,488	\$6,148	\$3,902	\$5,346	\$0	\$0

Refer to Rate History Section for information on premium increases for this company.

NEW YORK LIFE INSURANCE COMPANY

INH-5000(CA)(1001)

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts		Elimination	Periods	
 □ 1 Yr. ☑ 2 Yrs. ☑ 3 Yrs. ☑ 5 Yrs. ☑ 6 Yrs. ☑ 7 Yrs. ☑ Important Company Notes: Notes: 3 yr, 4 yr and Lifetime available. 10 Yrs. Plan a 	4 Yrs. Lifetime	✓ 0 days ☐ 20 days ☐ 30 days	■ 60 days✓ 90 days■ 100 days	TYPE ☐ Calendar Day ✓ Service Day
Troice. Gyr, Tyr and Engline dramable. To Tro. Flant	ioo avaiiabio	Inflation Pro	otection	
Nursing Home Daily Benefit Amounts \$50 minimum to \$400 maximum per [day, woffered in increments of \$1. ✓ per day ☐ per week ☐ per mont ☐ Not Available	veek or month]	Simple 1%, Simp 6% and Compou CPI-U, CPI-U + 1 Purchase option, his benefits prope	P Importa 27 automatic annual infli- 30 ble 2%, Simple 3%, Simple 31 nd 5%. There are 3 Gu 31 and CPI-U +2. With the 32 the policyowner received	es annual offers to increase e in the CPI-U over the past
■ Important Company Notes:		Residential	Care Facility Da	aily Benefit Amounts
po.ta.it company reads.		Represents th Benefit Amount 100% 70%	nt .	e Nursing Home Daily 80% 75% mpany Notes

Waiver of Premium

Explain here: Premiums will be waived beginning on the first day that benefits are payable after the Waiting Period has been satisfied. Premiums will continue to be waived until no benfits are payable for 30 consecutive days.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	20* Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	3 year maximum policy benefit		3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$314	\$981	\$215	\$672	\$366	\$1,189
55	\$476	\$1,310	\$326	\$897	\$552	\$1,581
60	\$651	\$1,588	\$446	\$1,088	\$750	\$1,905
65	\$965	\$2,050	\$661	\$1,404	\$1,104	\$2,441
70	\$1,496	\$2,758	\$1,025	\$1,889	\$1,697	\$3,273
75	\$2,468	\$4,006	\$1,690	\$2,744	\$2,794	\$4,742
80	\$0	\$0	\$0	\$0	\$0	\$0

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

PHYSICIANS MUTUAL INSURANCE COMPANY

Waiver of Premium

P148EE

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum P	olicy Benefit i	Amounts		Elimination	Periods	
	✓ 2 Yrs. ☐ 6 Yrs. ompany Notes: benefit is monthly so		4 Yrs. Lifetime	✓ 0 days✓ 20 days✓ 30 days	 ✓ 60 days ✓ 90 days ☐ 100 days	TYPE ☐ Calendar Day ✓ Service Day
	Benefit Period selec		ruomity cure	Inflation Pro	tection	
•	per week		month]			
	ompany Notes:			Residential	Care Facility Da	ily Benefit Amounts
psak 0	pa, 110100.			Represents the Benefit Amoun ✓ 100% ☐ 70%	· _	Nursing Home Daily 80%

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	3 year maximum policy benefit		3 year maximum policy benefit		Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$442	\$1,401	\$378	\$1,198	Not Available	Not Available
55	\$558	\$1,640	\$477	\$1,401	Not Available	Not Available
60	\$748	\$2,034	\$639	\$1,739	Not Available	Not Available
65	\$1,069	\$2,587	\$914	\$2,211	Not Available	Not Available
70	\$1,714	\$3,702	\$1,465	\$3,164	Not Available	Not Available
75	\$2,978	\$5,568	\$2,546	\$4,760	Not Available	Not Available
80	\$0	\$0	\$0	\$0	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

BANKERS LIFE AND CASUALTY COMPANY

GR-N370

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum F	Policy Benefit	Amounts		Elimination	Periods	
	✓ 2 Yrs.✓ 6 Yrs.Company Notes:	✓ 3 Yrs.✓ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	✓ 0 days✓ 20 days✓ 30 days		TYPE ☐ Calendar Day ✓ Service Day
2920 days is equ	ivalent to 8 years.			Inflation Pro	otection	
	D !! D	<i>C.</i> A		✓ 5% Compo✓ 5% Simple	✓ Important	ed Purchase Option Company Notes
Nursing Hor	me Daily Bene	efit Amounts			3% and 4% compound in	flation options. The kimum Benefit amount per
	to \$300 maximurements of \$10.	um per [day, wo	-	claim episode are	increased each policy and thout regard to claims paid	niversary by the selected
■ Not Availab	ole					
■ Important C	Company Notes:			Residential	Care Facility Dail	y Benefit Amounts
·				Represents the Benefit Amoun ✓ 100% ☐ 70%	e percentage of the Nt.	30%

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any riders and spouse's premium if covered under the same policy.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	3 year maximum policy benefit		3 year maximu	ım policy benefit	Lifetime	benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$467	\$1,584	\$419	\$1,422	\$655	\$2,335
55	\$604	\$1,861	\$542	\$1,671	\$849	\$2,741
60	\$868	\$2,279	\$779	\$2,046	\$1,218	\$3,357
65	\$1,296	\$2,969	\$1,163	\$2,666	\$1,827	\$4,369
70	\$2,125	\$4,163	\$1,908	\$3,737	\$2,993	\$6,129
75	\$3,531	\$6,142	\$3,170	\$5,514	\$4,968	\$9,007
80	\$5,958	\$9,338	\$5,349	\$8,383	\$0	\$0

Refer to Rate History Section for information on premium increases for this company.

KNIGHTS OF COLUMBUS

NHC01-CA 1-03(NTQ)

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods			
■ 1 Yr.✓ 5 Yrs.■ Importan	☐ 2 Yrs. ☐ 6 Yrs. t Company Notes	✓ 3 Yrs. ☐ 7 Yrs.	■ 4 Yrs.✓ Lifetime	□ 0 days□ 20 days☑ 30 days		TYPE ☐ Calendar Day ✓ Service Day	
				Inflation Pr	otection		
				✓ 5% Comp		nteed Purchase Option ant Company Notes	
Nursing H	ome Daily Ben	efit Amounts	S			ant Company Notes	
	um to \$400 maxim ncrements of \$10. per week		_				
■ Not Avail	able						
■ Important Company Notes:				Residential Care Facility Daily Benefit Amounts			
\$50 minimum to \$400 maximum per [day, week or month] with a \$10 Increment.			Represents the percentage of the Nursing Home Daily Benefit Amount. 80% 75% 100% 90% Important Company Notes Adult Day Care or Home Care.				

Waiver of Premium

Once elemination period is served. One time life time.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 year maximum policy benefit			3 year maximum policy benefit		Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$264	\$710	\$236	\$634	\$316	\$865
55	\$338	\$825	\$302	\$736	\$407	\$1,006
60	\$456	\$989	\$407	\$883	\$657	\$1,441
65	\$729	\$1,385	\$651	\$1,237	\$1,139	\$2,180
70	\$1,175	\$1,966	\$1,049	\$1,755	\$1,792	\$3,012
75	\$2,063	\$3,057	\$1,842	\$2,730	\$2,743	\$4,079
80	\$3,099	\$4,130	\$2,767	\$3,688	\$4,234	\$5,657

Refer to Rate History Section for information on premium increases for this company.

PHYSICIANS MUTUAL INSURANCE COMPANY

P147EE

This policy form is for Home Care Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods		
✓ 1 Yr.	✓ 2 Yrs.	3 Yrs.	4 Yrs.	✓ 0 days	✓ 60 days	TYPE
✓ 5 Yrs.	■ 6 Yrs.	7 Yrs.	Lifetime	20 days		Calendar Day
✓ Important Company Notes:				✓ 30 days	100 days	Service Day

Our Facility Care benefit is monthly so it is 12 times the Facility Care benefit times the Benefit Period selected.

Home Care Only E	Benefit Amounts
------------------	-----------------

\$900 minimum to \$9000 maximum per [day, week or month] offered in increments of \$100.

- per day
 per week
 ✓ per month
- Important Company Notes: Not Available

Inflation Protection

✓ 5% Compound ✓ Guaranteed Purchase Option

✓ 5% Simple

✓ Important Company Notes:

Also offer a 5% capped at 2 times the monthly benefit originally selected. Also offer 3% and 4% compound.

Waiver of Premium

Annual premium amount for Home Care Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period		90 Day Elimination Period	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$381	\$1,209	\$326	\$1,033	Not Available	Not Available
55	\$480	\$1,411	\$410	\$1,206	Not Available	Not Available
60	\$647	\$1,760	\$553	\$1,505	Not Available	Not Available
65	\$920	\$2,227	\$786	\$1,903	Not Available	Not Available
70	\$1,479	\$3,194	\$1,264	\$2,730	Not Available	Not Available
75	\$2,569	\$4,805	\$2,196	\$4,107	Not Available	Not Available
80	\$0	\$0	\$0	\$0	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.